CHILD WELFARE FACILITY FIRE AND SAFETY CHECKLIST

Use of form: Use of this form is voluntary. It may be used by residential care centers, group foster homes for children and shelter care facilities to verify compliance with the fire and safety requirements of HFS 52, HFS 57 and HFS 59.

Instructions: Enter dates and times as specified in each section.

Name - Child Welfare Facility	Year Completed (yyyy)

A. SMOKE DETECTOR / FIRE ALARM INSPECTION   Enter date of monthly inspection.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Date												

B. EVACUATION PRACTICE   Enter bimonthly: Row 1 - date; Row 2 - time of practice; Row 3 - evacuation time (ET); Row 4 - fire (F) or tornado (T).   [HFS 52.55(2)(a)1. & 2.; 57.07(20)(e); 59.06(20)(e)]

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1. Date												
2. Time												
3. ET												
4. F / T												

C. STAFF INSPECTION REPORT   Enter date of monthly inspection. [HFS 52.51(1)(e); HFS 57.07(2); HFS 59.06(3)]

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1. Exit passageways are clear.												
2. Exit lights are lit.												
3. Toilet room door locks can be opened from outside; opening device is readily accessible.												
4. Extension cords not being used in place of permanent wiring.												
5. No more than 2 electric appliances plugged into any 1 wall outlet.												
6. Inside temperature is 67° or above.												
7. Evacuation plans written and posted.												
8. All flammable and dangerous materials are properly marked and stored.												
9. Nothing is stored under platforms, landings or stairs.												
10. Fireplaces, steam radiators and hot pipes are protected.												
11. Door to basement and / or furnace room is kept closed.												
12. Fire door self-closing device works.												
13. All extinguishers in place and operable.												
14. All staff know how to use fire extinguishers.												
15. Emergency telephone numbers are posted.												

Name - Person Completing Form (Print)	**SIGNATURE** - Person Completing Form	Date Signed (mm / dd / yyyy)